

PART B - FEE(S) TRANSMITTAL

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28075

7590

08/19/2008

CROMPTON, SEAGER & TUFTE, LLC
1221 NICOLLET AVENUE
SUITE 800
MINNEAPOLIS, MN 55403-2420

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I hereby certify that this Fee Transmittal is being electronically transmitted to the U.S. Patent and Trademark Office on the date indicated below.

Kathleen L. Bookley

(Depositor's name)

Kathleen L. Bookley

(Signature)

November 17, 2008

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/764,054

01/23/2004

William S. Henry

1001.1718101

7622

TITLE OF INVENTION: STENT DELIVERY CATHETER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1440

\$300

\$0

\$1740

11/19/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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TRUONG, KEVIN THAO

3734

623-001230

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Boston Scientific Scimed, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Maple Grove, Minnesota.

Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ Individual☒ Corporation or other private group entity☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies one (1)

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☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 508413 (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

David M. Crompton

Date

11/17/08

Typed or printed name

David M. Crompton

Registration No.

36,772

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